

(1) PLACE OF BIRTH

County of AbbevilleTownship of AbbevilleInc. Town of AbbevilleCity of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Leonard Wilson

File No.—For State Registrar Only

13331

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1-A Registered No. 49

(For use of Local Registrar)

(No. Hammond St 3rd Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH May 29th 1915

(To be answered only in case of Twins or Triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Jefferson Wilson(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Baker County S.C.(13) OCCUPATION Cotton Mill Operative(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Irvine(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Woodruff S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1100 1/2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. Bowser(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 2nd 1915 (28) T. G. Pennington Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

McCauley of Columbia